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SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(5) CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT AS FILED DEP. DEP. IND. DEP. ۱۱۱D. DEP. IND. DEP. IND. DEP. TOTAL IND. **_1 _1** TOTAL DEP. TOTAL DEP. **(2-85)**

* MAY BE USED FOR ADDITIONAL CLAIMS OR A THENDMENTS

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